



# Early Childhood Program Request Form

Name of person coordinating program: \_\_\_\_\_

Email: \_\_\_\_\_ Best Phone Number: \_\_\_\_\_

Name of School: \_\_\_\_\_

School Address: : \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Main School Phone Number: \_\_\_\_\_

Number of presentations being requested: \_\_\_\_\_

Grade Level/Age if Preschool \_\_\_\_\_

Number of sections per grade: \_\_\_\_\_

Number of students per section: \_\_\_\_\_

Type of presentation requested: Virtual                  Pre-recorded Video

If virtual, what media platform do you use (Google, Zoom, other, please specify)? : \_\_\_\_\_

Are students learning : In person                  Virtually                  Mixed

If applicable, date of last year's presentation(s): \_\_\_\_\_

Preferred month and days of the week: \_\_\_\_\_

Additional Information: \_\_\_\_\_

Please email form to Theresa Greinig - [theresa@swancc.org](mailto:theresa@swancc.org).